

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident COMMON ASSAULT	Attempt <input type="checkbox"/>	2 Complaint Number 121E11232
3 Location of Offense / Incident (Exact Street Address) 22 LIGHT ST.		Page 1 of 2
4 Date / Time Occurred 5/23/2012 1135 HRS		5 Date / Time Reported 5/23/12 1338 HRS
11 Location Given by Dispatcher 22 LIGHT ST.		12 Companion Report No.
18 Describe Location of Offense or Type of Premise STORE		19 Reported by Crime Watcher <input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Person Domestic Related <input type="checkbox"/>	<input checked="" type="checkbox"/> Property Gang Related <input type="checkbox"/>	<input type="checkbox"/> Vehicle Juvenile Related <input type="checkbox"/>	<input type="checkbox"/> Miscellaneous Hate Crime <input type="checkbox"/>
6 Unit 1B12	7 Post of Occurrence 112	8 Reporting Area	9 Street Code
10 CAD Number 1645	11 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed	14 Case Disposition <input type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared	15 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No
16 Crime Code	17 Crime Classification		

20 Complainant / Victim Name (Last, First, MI), or Firm Name if Business IQBAL, SALMAN	Residence / Address (Include City, County, State, Zip) 22 LIGHT ST. BALTIMORE MD 21201	Sex M	Race O	Age 32	DOB 05/02/80
Where Employed or School Attending (Include City Located) 7-ELEVEN	Occupation STORE OWNER	Hours of Employment	Residence Phone	Other Phone	Sobriety SB
21 Injuries and Location on Body MOUTH, ARM AND BACK	Victim's Condition STABLE	Victim Hospitalized Facility <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	22 Victim / Assailant Relationship NONE	23 Current / Former Cohabitant <input type="checkbox"/> Yes <input type="checkbox"/> No	

24 Reporting Person Name (Last, First, MI) SAME AS # 20	Sex M	Race O	Age 32	DOB 05/02/80	Address (Include City, County, State, Zip)	Residence Phone	Other Phone
25 Witness Parent/Guardian <input type="checkbox"/>	Name (Last, First, MI)	Address (Include City, County, State, Zip)	Residence Phone	Other Phone			

26 Suspect Name (Last, First, MI) UNKNOWN	Address (Include City, County, State, Zip)	Sex M	Race O	Age 32	DOB 05/02/80	Height	Weight
Complexion	Hair Color/Length/Style	Hat	Eyes	Facial Hair	Teeth	Shirt/Coat	
Pants	Shoes	Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.)				Arrest Number	

27 Trademarks of Suspect(s) (Action / Conversation) STOLE PROPERTY	28 Point of Entry FRONT DOOR	29 Location Last Seen 22 LIGHT ST.	30 Manner of Escape FOOT	31 Direction of Escape UNKNOWN
32 Weapon / Means of Attack HANDS	33 Method Used to Commit Crime SAME AS # 27	34 Type of Property Taken U.S CURRENCY, CANDIES	35 Total Loss Value \$6,600.00	

36 Vehicle Information <input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Stolen <input type="checkbox"/> Towed <input type="checkbox"/> Other	Tag Number	State	Expiration	Vehicle Year	Make	Model	Body Style	Color	Mileage
Vehicle Identification Number (VIN)		Ignition Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Keys in Ignition <input type="checkbox"/> Yes <input type="checkbox"/> No	Doors Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Windows Closed <input type="checkbox"/> Yes <input type="checkbox"/> No	Radio in Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Battery in Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Spare Tire in Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Trunk Locked <input type="checkbox"/> Yes <input type="checkbox"/> No

37 Registered Owner Name (Last, First, MI)	Sex M	Race O	Age 32	DOB 05/02/80	Address (Include City, County, State, Zip)
38 Recovered by	39 Method of Theft	40 Evidence of Stripping / Tampering	41 Repo. Check <input type="checkbox"/> Yes <input type="checkbox"/> No	42 Tow List Check <input type="checkbox"/> Yes <input type="checkbox"/> No	43 Owner Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
44 Tow Information Location Towed From	Location Towed To	Towed by	Tow Truck Operator Signature		

45 Detective Notified	Sequence No.	Assignment	Unit Number	Date	Time	46 Medical Examiner Notified	Date	Time
47 Crime Lab Technician Name	Unit Number	Time	48 Hot Desk Person Notified			Time		
49 Communications Supervisor Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	50 Citywide Broadcast <input type="checkbox"/> Yes <input type="checkbox"/> No	Time	51 Victim Assistance/Incident Information Explain Form(s) Provided <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			309 Form		

52 Copies Forwarded To	
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Conf'd Sections	Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property; list property inventory number(s) when applicable. (3) Describe details of incident. Include all steps taken in preliminary investigation. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) List all arrests, including Arrest Numbers and charges.									
	<table border="0"><tr><td>PROPERTY TAKEN</td><td>VALUE</td></tr><tr><td>1 DEPOSIT ENVELOPE CONTAINING U.S CURRENCY</td><td>\$ 6,600.00</td></tr><tr><td>1 UNDETERMINED AMMOUNT OF CANDIES</td><td>UNKNOWN</td></tr><tr><td colspan="2">TOTAL \$6,600.00</td></tr></table>		PROPERTY TAKEN	VALUE	1 DEPOSIT ENVELOPE CONTAINING U.S CURRENCY	\$ 6,600.00	1 UNDETERMINED AMMOUNT OF CANDIES	UNKNOWN	TOTAL \$6,600.00	
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1 DEPOSIT ENVELOPE CONTAINING U.S CURRENCY	\$ 6,600.00									
1 UNDETERMINED AMMOUNT OF CANDIES	UNKNOWN									
TOTAL \$6,600.00										

53 Reporting Officer Name (PRINT CLEARLY) P/O JAVIER H. CONDE	Sequence No. 1073	Assignment CD	Signature <i>[Signature]</i>
54 Approving Supervisor Name and Name <i>[Signature]</i>	Sequence No. 1073	Assignment CD	Signature <i>[Signature]</i>
55 RMS Data Entered By <i>[Signature]</i>	Sequence No.	Date	Time
56 Reviewer	57 Referred To		

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

POLICE DEPARTMENT
BALTIMORE, MARYLAND

<input checked="" type="checkbox"/> Continuation		<input type="checkbox"/> Follow Up		1 Crime / Incident COMMON ASSAULT		Attempt <input type="checkbox"/>		2 Complaint Number 121E11232	
3 Location of Offense / Incident (Street Address, Zip) 22 LIGHT ST.		4 Date / Time of This Report 5/23/12 1338 HRS		5 Arrest / Custody Number		Page 2 of 2			
6 Unit 1B12	7 Post of Occurrence 112	8 Reporting Area	9 Street Code	10 CAD Number 1645	11 Original Report Date / Time 5/23/12 1338 HRS	12 Offense / Incident Changed From			
13 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed	14 Multiple Clearance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15 Case Disposition <input type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared		16 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No		17 Crime Code		18 Crime Classification	
19 Complainant/ Victim	Name (Last, First, MI), or Firm Name if Business IQBAL, SALMAN			Residence / Address (Include City, County, State, Zip) 22 LIGHT ST. BALTIMORE MD 212011		Sex M	Race O	Age 32	DOB 05/02/80

20 Copies Forwarded To

Conf'd Sections Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property; list property inventory number(s) when applicable. (3) Record all activity and all developments in case subsequent to last report. Include names and arrest numbers of all persons arrested. Explain any crime/incident classification change. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) Recommend case status when applicable. (6) If Multiple Clearance, include all affected complaint/case numbers.

ON 5/23/12 @ 1338 HRS I RESPONDED TO 22 LIGHT STREET. UPON ARRIVAL I WAS MET BY MR. SALMAN IQBAL OWNER AND MANAGER OF THE 7-ELEVEN STORE WHO STATED THAT ON TODAYS DATE THE 7-11 STORE WAS GIVING AWAY FREE SLURPEES TO THE CUSTOMERS. AT 1330 HRS IQBAL WAS GOING TO WALK OUT OF THE STORE TO DEPOSIT THE STORE RECIEPTS IN THE BANK WHEN HE OBSERVED 35 TO 40 JUVENILES COMING TO THE STORE TO GET FREE SLURPEES. MR.IQBAL STATED THAT WHILE THE JUVENILES WERE GETTING THEIR SLURPEES ANOTHER GROUP OF JUVENILES WERE OBSERVED TAKING CANDY FROM THE SHELVES AND PLACING IT INSIDE THEIR PANTS POCKETS. IQBAL WALKED TO THE 7-11 DOOR TO PREVENT THE JUVENILES TO EXITING, BUT THE GROUP OBSERVED STEALING FLED THE STORE AND GOT AWAY. MR. IQBAL AND HIS EMPLOYEES FINALLY BLOCKED THE DOORS BUT THE ONLY GROUP OF JUVENILES LEFT INSIDE HAD NOT STOLEN CANDY. THE JUVENILES LEFT INSIDE THE STORE BECAME ANGERY AND BEGAN TO ASSAULT MR. IQBAL. IQBAL WAS STRUCK WITH A CLOSED FIST ON THE MOUTH WHILE OTHER JUVENILES WERE HITTING HIM ON THE BACK AND ARMS. THESE JUVENILES THEN FLED THE SCENE ON DIFFERENT DIRECTIONS. MR. IQBAL STATED THAT AFTER THE INCIDENT HE DISCOVERED THAT THE BANK DEPOSIT HE HAD ON HIS FRONT RIGHT POCKET CONTAINING \$6,600.00 WAS MISSING.

1B12 AND 1B09 WERE NOTIFIED AND RESPONDED TO THE STORE. STORE WAS SECURED FOR INVESTIGATION AND DETECTIVE TAYLOR SEQUENCE # G-933 UNIT # 6895 FROM CITY WIDE ROBBERY RESPONDED TO THE STORE. AFTER REVIEWING THE VIDEO CAMERAS FROM THE STORE ALONG WITH DETECTIVE TAYLOS IT WAS DISCOVERED THAT THE JUVENILES THAT WERE STEALING MERCHANDISE FROM THE SHELVES LEFT THE STORE BEFORE THE OWNER CLOSED THE DOOR AND THAT THE JUVENILES THAT THE OWNER STOPPED AT THE DOOR WERE JUST GETTING THE FREE SLURPEES THAT 7-ELEVEN WERE OFFERING TO THE CUSTOMERS AND THAT THE OWNER WAS ASSAULTED ON THEIR EFFORT TO EXIT THE STORE. ALSO UPON REVIEWING THE CAMERAS NOBODY WERE OBSERVED GOING THREW THE STORE OWNER POCKETS AND TAKING THE DEPOSIT THAT THE OWNER STATED HE WAS CARRYING ON HIS POCKET, THEREFORE IT IS UNDETERMINED WHEN AND HOW DURING ALL THE INCIDENT THE DEPOSIT ENVELOPE WAS TAKEN.

MR. IQBAL STATED THAT HE WAS UNABLE TO IDENTIFIED THE JUVENILES, STORE CAMERAS REVEALED THAT THE JUVENILES WERE WEARING YELLOW SHIRTS AND KHAKI PANTS AND AT THIS POINT IS UNKNOWN FROM WHICH SCHOOL THEY BELONG.

309 FORM WAS GIVEN.

Continued ☐

21 I affirm and declare that the statements above are true to the best of my knowledge:				Reporting Person's Signature		Date	
22 Reporting Officer Name (PRINT CLEARLY) P/O JAVIER H. CONDE		Sequence No. Assignment 1073 CD		Signature <i>[Signature]</i>			
23 Approving Supervisor Rank and Name <i>[Signature]</i>		Sequence No. Assignment 6031 COP		Signature <i>[Signature]</i>			
24 RMS Data Entered By <i>[Signature]</i>		Sequence No. Date Time		25 Reviewer <i>[Signature]</i>		26 Referred To	

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